population, while also revealing the potential limitations of the model in response to a sudden influx of heavy utilizers.

PHS120

PREVENTING CERVIX-UTERUS CANCER IN ARGENTINA. STRUCTRURE, ORGANIZATION AND RESULTS

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OBJECTIVES: In preparation of the self-administered HPV test in Argentina, the goal of this paper is to document the Federal Program for the Prevention of Cervix-Uterus Cancer (PNPCCU) operation at the first level of care and its upstream linkages at the secondary and tertiary levels, identifying process and outputs indicators. **METHODS:** The project designed and implemented a series of questionnaires distributed to the local Ministry of Health, each one of its four Programmatic Regions, a sample of 111 health care centers (CAPs), cito/colposcopy labs and gynecology services in charge of treating cancer. Information about procedures to take Papanoicolau samples, submit them to labs, receive results and communicate them to patients was collected. Descriptive statistics, robust MLS and logistics regressions were used to analyze the dataset. **RESULTS:** The outreach activities through sanitary agents have a potential deficit in capturing eligible women (35-60 years old). Although 63,6-70% of CAPs reports systematic mechanisms to submit Pap samples to labs according to norm, strong idiosyncratic-informal criteria prevail, with mix effects on efficacy in outputs. A significant proportion of centers are not able to meet PNPCCU recommendation of a maximum four-week time-span between samples is taken at CAPs and results reach patients. Time gaps (one-to-four weeks) are found across regions between the time abnormal results are identified and treatments are initiated. Besides, coverage of such cases is completely addressed and dropout rates are nil. **CONCLUSIONS:** The econometric analysis provides insights about the poor influence of context variables on process indicators (Paps performed, and number of weeks since sample is performed and results reach the patient). Also, the analysis identifies that the reduction of idle-times in identification and communication as well the improvement of equitable results are under the span of action of CAPs and the coordination of the primary level's health care network.

PHS121

A NOVEL STILLBIRTH AUDIT TOOL IMPLEMENTATION IN GHANA: ASSESSMENT OF DEPLOYMENT IN 2014

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OBJECTIVES: Even though stillbirths audit improves healthcare quality, it is invisible in global policy prioritization (UNICEF, 2009) as its not counted in local data collection. This study assessed deployment of novel stillbirth audit tool in Ghana. **METHODS:** A standardized Stillbirth audit tool and protocol developed by the Regional audit task group using the Vanotoo design, Ghana Maternal death Notification form and Perinatal Society of Australia and New Zealand perinatal death guidelines. District and audit committees were formed and trained. The tool was deployed from January 2014 in the Greater Accra Region. Census of all audited stillbirths in 2014 was made. Data on total stillbirth and deliveries abstracted from District Health Information Management System 2. Data entered and analyzed in Epi info 7. **RESULTS:** Total of 109,187 deliveries with 2087 stillbirths (19.1 stillbirths per 1000 deliveries) was documented. Fifty eight percent were macerated, 42 percent were fresh. Only 6.4 percent of documented stillbirths were audited of which 50.0 percent were macerated stillbirth, 46.0 percent were fresh and 62 percent females. Ninety three percent had ANC attendants' mothers with 47.7 percent booking by the end of second trimester. Fifty seven percent had folic acid in first trimester and 40.3 percent completed IPT-Sulfadoxine/Pyrimethamine prophylaxis. The birth weight ranged 0.5 to 5.0 Kg with mean 2.8± 0.9, median 3.0 and modal weight of 3.0 Kg, sixty nine percent had birth weights greater ≥ 2.5Kg. Birth asphyxia caused 41 percent of the audited deaths and 26.9 percent unknown causes. Poor management, lack of expertise and inadequate human resources were identified as contributory factors and only 32.2 percent were monitored with partograph. **CONCLUSIONS:** The importance of introducing the novel stillbirth audit in the Greater Accra region cannot be overemphasized however, findings underscore the need to enforce implementation since majority (93.6 percent) of stillbirths were not audited.

PHS123

DIFFERENCES IN BREAST CANCER SCREENING RATES IN MEDICARE ADVANTAGE NON-DUAL ELIGIBLE MEMBERS, DUAL ELIGIBLES ENROLLED IN SPECIAL NEED PLANS AND OTHER HEALTHCARE PLANS

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OBJECTIVES: To examine differences in the likelihood of receiving Breast Cancer Screening (BCS) among Medicare Advantage (MA) dual eligibles (DE) enrolled in Special Need Plans (D-SNPs), DE in non-SNPs (non-SNP DEs), and non-DE members. **METHODS:** This study used a large nationally representative administrative claims database supplemented with socioeconomic and community resource data. The sample consisted of female MA enrollees aged 50-74 years in 2013. The outcome of interest was an indicator of receiving BCS based on the measure definition in the Healthcare Effectiveness Data and Information Set. Generalized linear mixed model was used to compare the likelihood of receiving BCS in the three groups after controlling for confounding factors (i.e., demographics, comorbidities, socioeconomic characteristics and community healthcare resources) and accounting for unmeasured plan characteristics as a random component. **RESULTS:** A total of 258,807 MA members were included in the study (non-DE: 76.0%, non-SNP DEs: 10.1%, D-SNP: 13.9%). BCS rates were significantly different across all three groups (p-value<0.0001). The non-DE population had higher rates (77.3%) compared to both non-SNP DE (72.9%) and D-SNP (76.3%). The model revealed there was no significant difference in the likelihood of receiving BCS between D-SNPs and non-DEs (OR: 1.1, p-value= 0.33); however the likelihood of receiving BCS was lower in non-SNP DEs than in both non-DEs (OR: 0.81, p-value<0.0001) and D-SNPs (OR: 0.76, p-value= 0.0002). **CONCLUSIONS:** The probability of receiving BCS was lower in dual members not in a D-SNP plan than in duals enrolled in D-SNP plans and non-DE populations. There was no significant difference in the probability between D-SNP and non-DE populations. The findings indicate that SNP plans produce better results in dual members compared to duals not in a SNP plan. This provides evidence of the value of SNP plans in achieving better outcomes for the vulnerable DE MA population.

PHS124

DIFFERENCES IN CHARACTERISTICS, HEALTH SERVICE UTILIZATION AND COST BETWEEN OLDER HOSPITALIZED LUNG CANCER PATIENTS WITH OR WITHOUT ASTHMA

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OBJECTIVES: Asthma holds considerable risk for developing lung cancer. It can be assumed that asthma has an effect on hospitalizations and healthcare costs accrued by lung cancer patients. This study looks at differences in patient characteristics, healthcare utilizations and costs between lung cancer patients with asthma and without asthma. **METHODS:** The study used 2010 Seer-Medicare registry and hospitalization data for cancer sites lung, bronchus and not otherwise specified lung cancer to look at patient characteristics and measures of health service utilizations and costs. Two patient groups were formed based on having any or no asthma diagnosis during hospitalization. Descriptive statistics like frequency, percentage, mean and standard deviation were used to characterize differences in patient demographics, cancer histology, service utilization and costs between the two groups. **RESULTS:** In the prevalence sample of 14371 cases, 508 patients had a diagnosis of asthma. Patient characteristics like gender female (66.34% vs 49.34%), race African American (18.11% vs 10.86%), residence in big metropolis (56.69% vs 51.40%) and histology squamous cell carcinoma (24.41% vs 22.31%) showed differences in presence of asthma in the population. Asthmatics (mean: 7.29 days; SD: 13.70) had lower mean length of stay when compared to non-asthmatics (mean: 8.56 days; SD: 16.73). Asthmatics had more intermediate inpatient intensive care use (54.55% vs 52.18%) and had more pharmacy costs (mean: $4853.53; SD: 11038.30 vs mean: $4167.20; SD: 6132.22) and outpatient costs (mean: $11.59; SD: 237.65 vs mean: $5.26; SD: 90.40) when compared to non-asthmatics. **CONCLUSIONS:** There are subtle differences in patient characteristics, healthcare utilization and costs between lung cancer with asthma and without asthma. Intuitively, utilizations and costs should be more abundant in asthmatics. However, our study suggests that this variation may not be marked across all utilization and cost measures.

PHS125

POTENTIAL SAVINGS IN HEALTHCARE SPENDING ON "LOW-VALUE" INTERVENTIONS: CASE STUDY OF ARTHROSCOPIC KNEE SURGERY

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OBJECTIVES: Research indicates that waste and inefficiency consumes 10% to 30% of health care spending, but exactly what health care interventions are contributing the most to this misallocation is poorly understood. Some "low-value" interventions that offer relatively low or no additional health benefits for their costs have been identified in comparative effectiveness and cost-effectiveness literature. Our study aims to quantify the healthcare resources and expenditures spent on low-value interventions in Massachusetts (MA) in an effort to better understand and allocate healthcare spending. For this abstract we present results for the use of arthroscopic surgery for knee osteoarthritis. **METHODS:** We identified a list of low-value services based on published literature, which included arthroscopic debridement/chondroplasty for knee osteoarthritis (procedure codes: 29877, 29879, and G0289). We used the 2012 MA All Payer Claims Database (APCD) to examine the proportion and characteristics of the individuals who received these services, and to calculate the state's associated annual healthcare expenditure. The APCD included medical and pharmacy claims from all commercial payers and certain public programs (Medicare Part C only and Medicaid), including patient out-of-pocket payments. **RESULTS:** From our study population (N=6,549,289), a total of 8,488 individuals were identified as receiving arthroscopic knee surgery in 2012. Of these patients 52.5% were aged <50 years, and 52% were female. Total state healthcare spending associated with this procedure in 2012 was $8.7 million, 95% of which were spent by private payers. Most (64%) of the resources were utilized in the outpatient setting, followed by other sites of service (non-inpatient and non-outpatient, such as swing-bed and ambulatory surgical center) (27%). **CONCLUSIONS:** Quantifying the resources spent on low value interventions can help decision makers gain insight on the potential healthcare savings that could be accrued if healthcare resources were reallocated away from these interventions.

PHS126

IS VISUAL IMPAIREMENT ASSOCIATED WITH INCREASED HOSPITALIZATION? A RETROSPECTIVE COHORT STUDY OF COMMUNITY-DWELLING MEDICARE BENEFICIARES

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OBJECTIVES: Visual impairment (VI) is related to poor health outcomes such as difficulty with everyday activities, falls, and fracture. However, it is unclear whether VI is associated with increased hospitalization. The objective of the study is to determine whether higher levels of VI are associated with increased rates of hospitalization. **METHODS:** We used a retrospective cohort study design. The Medicare Current Beneficiary Survey (MCBS) data covering the 2005 to 2010 time period were used to identify community-dwelling beneficiaries, 65 years old and older who provided